



## SCHOOL GROUP ADMISSION TICKET

### REQUIRED FOR ENTRY

*Please print, fill out, and bring this form with you! PLEASE PRINT*

Name of School: \_\_\_\_\_

County: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher Responsible for School Group (please print): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

- ☐ I have read my confirmation packet.
- ☐ I have assigned groups to chaperones prior to arrival (*assigned groups must be on the same bus*).
- ☐ I have provided the chaperone policies to all the adults.

Signature \_\_\_\_\_

*All museum admission procedures apply to each individual bus, not school.*

**Example:** If your school has four buses visiting, four admission tickets must be completed.

*Please complete this form the day of your visit to ensure accuracy and expedite processing.*

Does your bus have any aides accompanying special needs students? Yes (#\_\_\_\_) No

How many adults (*including teachers*) are on the bus? \_\_\_\_\_

How many students are on the bus? \_\_\_\_\_

Will any adults be arriving separately? Yes (#\_\_\_\_) No

School Principal name (Please print): \_\_\_\_\_

*I acknowledge that my school is visiting the Abraham Lincoln Presidential Library and Museum on a field trip.*

School Principal Signature (Required): \_\_\_\_\_

**Number of student tickets:** \_\_\_\_\_ x **\$4.00** = \_\_\_\_\_ *No charge for student tickets June – February*

**One** adult (*including teachers*) for every **10** students is admitted free of charge.

**Number of adults** over allotted ratio: \_\_\_\_\_ x \$15.00 = \_\_\_\_\_

**Payment accepted:** Cash School Check Mastercard Visa Discover American Express

*To expedite the payment/tour process, all monies for students and additional adults must be collected prior to arrival and one designee must purchase all additional tickets.*

